



A. Identification

Designation of Beneficiary

Civil Service Retirement System

Important.

Read all instructions before you use this form

Name (last first middle)				Date of birth (Mmlddlyyyy) Social Security Number			
Place an "X" in the	An employee		•		I	If you are retired, giv	e your claim
block that applies	that applies Retired or an applicant for retirement					number.	
to you.	Former employee	eligible for retiremen	nt in the f	uture		CSA	
Department or agency in	which presently employe	d (or former <i>departmer</i>	nt or agen	cy):			
Department or agency		Bureau		Division		Location (city, state a	nd ZIP code)
named below to rece under the Civil Serv understand that this any survivors who many previous designation in writing or I receive credit in the Civil Serv	ed above, designate the ive any lump-sum benefice Retirement System designation of beneficia ay qualify for annuity beation of beneficiary, and repayment before retirerice Retirement and Disab	it which may become particles. It which may become particles after my death, continued in the manner of all the monies will be found.	payable eath. I ghts of cancels ancel it to my	I direct, unless otherwise indiction is named, the share of any better be disqualified for any other restated beneficiaries or entirely alive and eligible to receive per this designation is void and paperecedence set by law.	neficiary reason short to the support was a syment was a	who may predecease nall be distributed ecurvivor. If none of the when a lump sum be will be made according.	e me or who may qually among the beneficiaries are comes payable, ng to the order of
B Information (Concerning The B	senejiciaries (Se	e Exam	ples on the reverse of I	Part I	~ 1ype or prin	t cieariy)
	niddle initial and ach beneficiary 0	Address (inc.	luding ZII	P code) of each beneficiary	,	Relationship to you	Share to be paid to each beneficiary
Date of designation (Mmi	lddly)yy)	Your signature					Shares desig- nated must equal 100%
C Witnesses (A	witness Is not eli	igible to receive	paymei	nt as a beneficiary)			
We, the undersigned,	certify that the person	identified in A. abo	ve signed	d in our presence.			
Signature of witness,		Address (including ZIP	code)				
Signature of witness		Address (including ZIP	code)				
designate your spou		orce and you marry sor	meone else	ship to you changes after you file. We will pay any lump sum to			
0 We will write to the act to ask us to make pa		to contact the person y	you design	ate. However, that person is ob	oligated to	o get in touch with us	after your death
Type or print your return	n address so that we can	return a copy for your	file.				
					it. Mail bo	is not effective until (oth copies of your de	
				Retil P.O.	rement . Box 45	of Personnel Man Operations Cente 16017-0045	-
				•			

5 CFR 831

Important 'The filling of this form will completely cancel any Civil Service Retirement System Designation of Beneficiary you may have filed before this date. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

Examples

1. How to Designate One Beneficiary (Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" as the name of the beneficiary.)

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary	
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	0 ₁₀₀ %	

2. How to Designate More Than One Beneficia (Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.)

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficial	ch
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	2 25	%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25	%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50	%

3. How to Designate A Contingency

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	1 00 9
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100 9
			51

4. How to Cancel and Effect Payment Under Order of Precedence (See back of duplicate)

First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship to you	Share to be paid to each beneficiary
Cancel prior designations			

^{• &}quot;All" would also be acceptable.

^{3 &}quot;One fourth," "one half," etc., would also be acceptable.





Designation of Beneficiary

Civil Service Retirement System

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A. Identification			Date of birth (mm/dd/yyyy)	Social Security I	Number
,	•		, , , , , , , , , , , , , , , , , , , ,		
Place an "X" in the	An employee	, <u>, , , , , , , , , , , , , , , , , , </u>			l, give your claim
block that applies		licant for retirement	- C 100	number.	
to you.		eligible for retirement in the	5 1 1 1 11 11 11 11 11 11 11 11 11 11 11	CSA	
Department or agency		yed <i>(or former department or ag</i> . <i>Bureau</i>	jency): ⊥Division	Location (city of	tate and 7/D code)
Department of agency		Dureau	DIVISION	Location (city, st	tate and ZIP code)
named below to rece under the Civil Ser understand that this any survivors who m any previous designa in writing or I receive	eive any lump-sum benef rvice Retirement Systen designation of beneficia ay qualify for annuity be ation of beneficiary, and re	e beneficiary or beneficiaries it which may become payable in (CSRS) after my death. I ry will not affect the rights of nefits after my death, cancels emains in effect until I cancel it nent of all the monies to my bility Fund.	I direct, unless otherwise ir is named, the share of any be disqualified for any othe stated beneficiaries or entir alive and eligible to receive this designation is void and precedence set by law.	beneficiary who may predect or reason shall be distributed ely to the survivor. If none of payment when a lump su	cease me or who may ed equally among the of the beneficiaries are Im becomes payable,
B. Information	Concerning The	Beneficiaries (See Exa	mples on the reverse	of Part 1. Type or	print clearly.)
First name, m	niddle initial, and ach beneficiary 0		P code) of each beneficiary		7
Date of designation (m	ım/dd/yyyy)	Your signature			Shares designated must equal 100%.
C. Witnesses (A	A witness is not e	ligible to receive paym	ent as a beneficiary.)	
We, the undersigned	d, certify that the perso	n identified in A. above signe	ed in our presence.		
Signature of witness		Address (including ZIP code)		9	
Signature of witness		Address (including ZIP code)			
designate your spou designation to cance	use and then you two divouded prior designations or to address you provide here	n if that person's name or relation orce and you marry someone elso designate who we are to pay. It to contact the person you designate who we are to pay.	se. We will pay any lump sum	to your former spouse unle	ss you submit another
Type or print your retur	rn address so that we car	return a copy for your file.	η		**************************************
			certifie	lesignation is not effective uses it. Mail both copies of you clary to:	
			U. Re P.	S. Office of Personnel I etirement Operations Co O. Box 45 oyers, PA 16017-0045	
U.S. Office of Personnel Mar 5 CFR 831 NSN 7540-00-634-4260	nagement	Part 2 - I	Duplicate	2808-109	Standard Form 2808 Revised February 1999 Previous editions are usable